



ISDA Office Use Only

Date Received \_\_\_\_\_ Amount \$ \_\_\_\_\_

Company # \_\_\_\_\_ Check# \_\_\_\_\_

**Mail to:** **Idaho State Dept. of Agriculture**  
**Division of Plant Industries**  
**Commercial Feed Section**  
**PO Box 790**  
**Boise, ID 83701**

Telephone: (208) 332-8625

Web Page: <http://www.agri.idaho.gov>

## APPLICATION FOR REGISTRATION OF NEW AND REVISED COMMERCIAL FEEDS

New and/or revised product labels must conform to AAFCO guidelines. Products must be listed on the reverse side of this application form or on company letterhead. Both product labels and appropriate registration fees must accompany this application. A certificate of registration will be returned to you upon review of your product labels and approval of this application for registration.

Please print or type the following information:

**Certificate Number of Registrant (if known):** \_\_\_\_\_

**Company (Registrant):** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Phone #:** (\_\_\_\_\_) \_\_\_\_\_ **Fax #:** (\_\_\_\_\_) \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Web Address:** \_\_\_\_\_

Registration Fees Due for (#) \_\_\_\_\_ **Revised Product(s)**

(Pay only if submitting revised labels as part of annual renewal registration)

\$

Registration Fees Due for (#) \_\_\_\_\_ **New Product(s)**

\$

Other: \_\_\_\_\_

\$

Credit On Account (explain): \_\_\_\_\_

\$

**Total Fees Remitted**

\$

### Product Registration Fees

Package Weight(s)	Registration Fee (annual)	Is tonnage tax collected?
Less than or equal to 10 lbs.	\$25.00 per product	No
Greater than 10 lbs.	\$5.00 per product	Yes
Less than or equal to 10 lbs. <u>and</u> greater than 10 lbs.	\$25.00 per product	Yes, but <u>only on greater than 10 lb. packages</u>

Application continued

**Please include 1 copy of all current labels for each new or revised product.**  
(Photocopies are acceptable.)

Application is hereby made for the registration of (#) \_\_\_\_\_ commercial feeding stuffs as follows:

Brand Name and Product (Please print or type both if applicable):	Package Size		Label	Name and Amount of Medication
	10 lbs. or less	Over 10 lbs.	En-closed	
1. a) New or Revised Product Name b) Product Name As Previously Listed On Certificate				
2. a) b)				
3. a) b)				
4. a) b)				
5. a) b)				
6. a) b)				
7. a) b)				
8. a) b)				
9. a) b)				
10. a) b)				

**Attach continuation sheet(s) if necessary. Number of continuation sheet(s) attached\_\_\_\_\_.**

Remittance, payable to the Idaho State Department of Agriculture, is enclosed herewith to cover the annual registration fees of \$5.00 for each commercial feed stuff sold in bulk or packages of **more than** 10 pounds and/or \$25.00 for each commercial feeding stuff sold in packages of **10 pounds or less** or both over and under 10 pound packages.

I hereby certify that the information appearing on the referenced labels is true and correct in every respect; that each and every package of the above-listed materials and materials listed on the attached product registration form(s) and/or company letterhead will be labeled as submitted (including net weight - manufacturer's or guarantor's name and address; and guaranteed analysis will be shown on the label); and that the attached labels are the guarantee of the applicant as to the composition of the products.

\_\_\_\_\_  
(Signature of Company Official)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Please Print or Type Name Clearly)

\_\_\_\_\_  
(Date)

**Please include 1 copy of all current labels for each new or revised product.**  
(Photocopies are acceptable.)

CONTINUATION SHEET

<b>Brand Name and Product</b> (Please print or type both if applicable):		<b>Package Size</b>		<b>Label</b>	<b>Name and Amount of Medication</b>
a) <b>New or Revised</b> Product Name	b) Product Name As Previously Listed On Certificate	<b>10 lbs. or less</b>	<b>Over 10 lbs.</b>	<b>En-closed</b>	
<b>11.</b> a)					
b)					
<b>12.</b> a)					
b)					
<b>13.</b> a)					
b)					
<b>14.</b> a)					
b)					
<b>15.</b> a)					
b)					
<b>16.</b> a)					
b)					
<b>17.</b> a)					
b)					
<b>18.</b> a)					
b)					
<b>19.</b> a)					
b)					
<b>20.</b> a)					
b)					
<b>21.</b> a)					
b)					
<b>22.</b> a)					
b)					
<b>23.</b> a)					
b)					
<b>24.</b> a)					
b)					
<b>25.</b> a)					
b)					

**Please include 1 copy of all current labels for each new or revised product.**  
(Photocopies are acceptable.)

CONTINUATION SHEET

Brand Name and Product (Please print or type both if applicable):	Package Size		Label	Name and Amount of Medication
	10 lbs. or less	Over 10 lbs.	En- closed	
a) New or Revised Product Name				
b) Product Name As Previously Listed On Certificate				
26. a)				
b)				
27. a)				
b)				
28. a)				
b)				
29. a)				
b)				
30. a)				
b)				
31. a)				
b)				
32. a)				
b)				
33. a)				
b)				
34. a)				
b)				
35. a)				
b)				
36. a)				
b)				
37. a)				
b)				
38. a)				
b)				
39. a)				
b)				
40. a)				
b)				